

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-27965
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1030-1
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	155
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3987' GR	

SUNDRY NOTICES AND REPORTS ON WELL  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION WELL
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter <u>I</u> : <u>2580</u> Feet From The <u>SOUTH</u> Line and <u>1310</u> Feet From The <u>EAST</u> Line Section <u>25</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6-30-98:

1. NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PACKER SET @ 4118' AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.

2. RETURNED TO INJECTION.

(ORIGINAL CHART ATTACHED AND COPY OF CHART ON BACK.

(INTERNAL TEPI STATUS: INJ)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 7/21/98

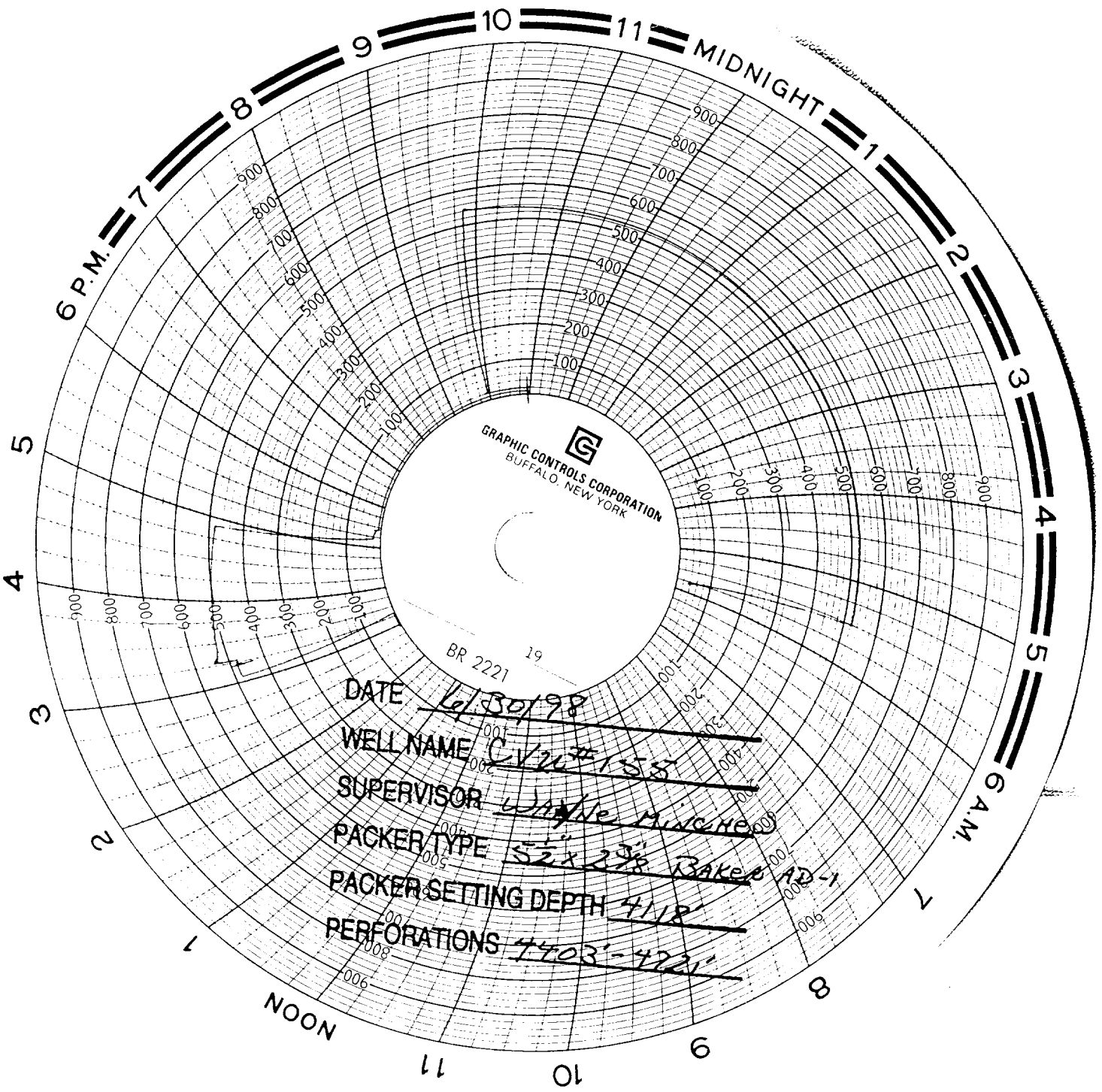
TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED BY J. Denise Leake TITLE Engineering Assistant  
CONDITIONS OF APPROVAL, IF ANY: DISTRICT SUPERVISOR

DATE JUL 24 1998



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

BR 2221 19

DATE 6/30/98  
WELL NAME CV203-158  
SUPERVISOR Wahne M. McNEED  
PACKER TYPE 52 x 2 3/8 BAKER AD-1  
PACKER SETTING DEPTH 4118'  
PERFORATIONS 4403'-4421'